



POLICE OFFICERS & FIREFIGHTERS:

I designate in the order named, if surviving, the following named person(s) as my beneficiary(ies) under the terms and provisions of the State and Federal Statutes regarding statutory death benefits for law enforcement officers and firefighters in effect at such time of my death.

If necessary, use second sheet for additional beneficiaries. Unless otherwise noted, if more than one beneficiary is named, the proceeds will be distributed equally.

PRIMARY BENEFICIARY(IES)

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

CONTINGENT BENEFICIARY(IES) (The individual(s) entitled to receive the benefits of an employee if the primary beneficiary dies.)

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

The right to change beneficiary (ies) without the consent of said beneficiary (ies) is reserved.

Employee Signature: _____ Date: _____

Employee Name (please print): _____ City ID #: _____

H.R. Receipt /Acknowledgement _____ Date: _____